

COMMENTS ON WAIVER, DEVIATION OR ENGINEERING CHANGE REQUEST				1. DATE OF REQUEST	
2. PRIME CONTRACTOR (Name, city and state)		3. PLANT (Name, city & state, if different than item 2)		4. TYPE OF REQUEST <input type="checkbox"/> WAIVER <input type="checkbox"/> DEVIATION <input type="checkbox"/> ECP	
5. CLASS OF ECP OR TYPE OF NONCONFORMANCE <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> NOT CLASSIFIED		6. REQUEST OR ECP NUMBER		7. CONTRACT NUMBER	
ROUTINGS, ACTIONS, RECOMMENDATION, COMMENTS AND/OR REMARKS					
8. QUALITY ASSURANCE REPRESENTATIVE A. <input type="checkbox"/> ADEQUACY AND ACCURACY OF REQUEST VERIFIED B. <input type="checkbox"/> CONCUR IN CLASSIFICATION C. <input type="checkbox"/> NONCONCUR IN CLASSIFICATION D. <input type="checkbox"/> APPROVAL RECOMMENDED E. <input type="checkbox"/> APPROVAL NOT RECOMMENDED					
TYPED NAME AND TITLE OF INITIATOR		SIGNATURE		OFFICE SYMBOL:	
				PHONE NO.:	
				DATE SIGNED:	
9. <input type="checkbox"/> ROUTED TO QA STAFF OR ENGINEER A. <input type="checkbox"/> CONCUR IN CLASSIFICATION B. <input type="checkbox"/> NONCONCUR IN CLASSIFICATION C. <input type="checkbox"/> APPROVAL RECOMMENDED D. <input type="checkbox"/> APPROVAL NOT RECOMMENDED					
TYPED NAME AND TITLE OF REVIEWER		SIGNATURE		OFFICE SYMBOL:	
				PHONE NO.:	
				DATE SIGNED:	
10. <input type="checkbox"/> ROUTED TO CAO PRODUCTION OFFICE A. <input type="checkbox"/> APPROVAL RECOMMENDED B. <input type="checkbox"/> DISAPPROVAL RECOMMENDED		OFFICE SYMBOL		PHONE NO.:	
TYPED NAME AND TITLE OF REVIEWER		SIGNATURE		DATE SIGNED:	
11. <input type="checkbox"/> ROUTED TO ACO A. <input type="checkbox"/> APPROVAL RECOMMENDED B. <input type="checkbox"/> DISAPPROVAL RECOMMENDED		OFFICE SYMBOL		PHONE NO.:	
TYPED NAME AND TITLE OF REVIEWER		SIGNATURE		DATE SIGNED:	
12. <input type="checkbox"/> ROUTED TO OTHER (Specify): A. <input type="checkbox"/> APPROVAL RECOMMENDED B. <input type="checkbox"/> DISAPPROVAL RECOMMENDED		OFFICE SYMBOL		PHONE NO.:	
TYPED NAME AND TITLE OF REVIEWER		SIGNATURE		DATE SIGNED:	
13. <input type="checkbox"/> ROUTED TO PCO		OFFICE SYMBOL		PHONE NO.:	
14. COMMENTS AND/OR REMARKS (When commenting on items 8 thru 13, be sure to identify it with related item. Continue on reverse side if necessary)					
15. CONCLUDING DECISION OR ACTION A. <input type="checkbox"/> APPROVED B. <input type="checkbox"/> DISAPPROVED		16. MODIFICATION OF CONTRACT IS A. <input type="checkbox"/> REQUIRED (Modification Number: _____) B. <input type="checkbox"/> NOT REQUIRED			
17. TYPED NAME AND TITLE (Approving or disapproving authority)		SIGNATURE		DATE	
DISTRIBUTION OF COPIES: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> ACO <input type="checkbox"/> QAR <input type="checkbox"/> OTHER (Specify):					